EXHIBIT 1

Home Office: Cedar Rapids, IA Malling A Telephone: (800) 553-5957	COMPANY Address: 4333 Edgewood Road N.E., Cedar Rapids, IA 52499 Policy Number: 02CBT 111634
ANNUITANT FULL NAME HARCE	1 (A.)
Residential Address: 1708 Br	ond Geld LN Vienna Va 22/8 Q
SSN: 456-87-1733 DOB: 2	108/37
U.S. Citizen Yes No (Country of Cit	izenship:)
PRIMARY OWNER IN Same as Annuit	and a state of the
Full Name	
Residential Address:	
Million Advisors.	
SSN: DOB:	Telephone Number: Sex: OM OF
U.S. Citizen Yes No (Country of Citi	izenship: Sex: ☐ M ☐ F
JOINT OWNER Relationship to Prim	nery Owner
Pitti Name:	
Residential Address: 15	
SSN: POB:	Telestanti
U.S. Citizen A Yes No (Country of Citi	zenship: Sex: M G F
Relationship to Annuitant: Relationship to Annuitant:	n two (2) beneficiaries, attach an Additional Beneficiary Form. (Must total 100%) 1 N 6 Primary Contingent 60 % Sex: M P Primary Contingent 50 % Sex: M F Sex: M F
TOTAL PURCHASE AMOUNTS	000,000,00 Non-Qualified Q Qualified
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	rect Transfer Roth Conversion Requested by: Agent/Client Carrier Transfer/Rollover Amount 5
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	TROBIZATION ACCEPTANCE - All quantions in this section must be answered.
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	amount reputer of crisings any disting annuity of life increased to
Company	Policy #:
	Transamerics Life Insurance Company of a community or marital property interest in this community
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• This application is a	bject to acceptance by Transamerica Life Inturance Company. If this application is rejected for any Life Insurance Company will be liable only for return of exceptance the application is rejected for any
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ensuity contrast not b	thy identify each customer. I understand that failure to provide this information could result in the
ANNUITY COVERAGE,	AND PIND THE ANNUITY BEING APPLIED FOR IS APPLICATION.
THE COURSE OF STREET STREET	President Statements listed in this application,
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Joint Owner Signature:	
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